

Newport Beach Cardiology & Electrophysiology Specialists, Inc.
500 Superior Avenue, Suite 345
Newport Beach, CA 92663
Phone: (949) 646-1877
Fax: (949) 642-8622

Medical Records Release

Date: _____

Patient Name: _____ DOB: _____

To: _____

Address: _____

Please send the following records to: Newport Beach Cardiology & Electrophysiology Specialists, Inc.

Electronic Release of records permitted: Yes _____ ***No*** _____

(Patient: Please initial yes or no for electronic release)

Records Requested: _____

Please accept this as authorization to release medical, psychiatric, drug, alcohol and HIV information also.

Patient or Responsible Party Signature

Witness/Relationship